



DEPARTMENT OF THE ARMY  
**UNITED STATES MILITARY ACADEMY**  
West Point, New York 10996

REPLY TO  
ATTENTION OF:

School Age  
Services

February 2003

Dear Patrons:

On the back of this letter, you will find a copy of the Request for Care Record form for Summer Camp 2003. A separate form must be completed for each child requiring care. Please complete the **Request for Care Record** and the **USMA Registration and Special Needs Screening** forms and return them along with a signed copy of this letter to:

Outreach Services  
Building 1207, Room 158  
West Point, NY 10996  
Phone (914) 938-4458

**You will receive confirmation of the camp sessions your child can attend between April 1 – 18, 2003. At the time of registration, 50% of the camp session fees will be due.**

I understand that this is an application for services only and does **NOT** guarantee placement of my child(ren) in the School Age Summer Camp.

*Kim Tague*  
Kim Tague  
Outreach Services/  
Family Child Care Director

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Parent's Signature/Date

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Sponsor's SSN/Rank/Grade